

This is a fictional sample medical opinion for educational purposes only. No real patient information is used. Actual opinions are personalized after review of genuine records.

Primary Service Connection Nexus Letter

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Department of Veterans Affairs Claims Intake Center P.O. Box 4444 Janesville, WI 53547-4444

Re: Medical Nexus Opinion – Primary Service Connection Records Review Only

Veteran: [Sample Veteran] VA File Number: [Redacted] Date of Birth: [Redacted]

To Whom It May Concern:

I am David Protaziuk, MSN, APRN, FNP-C, a board-certified Family Nurse Practitioner licensed to practice in the State of Illinois. I have been practicing as an FNP for over 4 years, with experience reviewing medical records and preparing independent medical opinions for VA disability claims. My opinions are independent and based solely on the medical evidence reviewed.

I have conducted a thorough review of the veteran's service treatment records (STRs), VA electronic health records, private post-service treatment notes, and diagnostic imaging studies.

[Sample Veteran] served honorably in the United States Army from June 2003 to August 2011 as an infantryman. Service records document in-service knee trauma and strain, including acute bilateral knee pain and swelling following a 12-mile ruck march with heavy load (STR dated July 14, 2007, Fort Benning, GA), treated with conservative measures and a temporary profile. Recurrent knee complaints during high-impact training and deployments are also noted. No full resolution is documented at separation, with reported continuity of symptoms post-service.

Current diagnosis: **Bilateral knee degenerative joint disease (osteoarthritis)** (ICD-10: M17.0) with associated chondromalacia patellae. Symptoms include chronic pain, stiffness, crepitus, swelling, limited mobility, and occasional bracing.

Diagnostic imaging shows moderate bilateral joint space narrowing, osteophyte formation, subchondral sclerosis, and cartilage thinning consistent with degenerative osteoarthritis.

In my professional medical opinion, based on a thorough review of the records and my clinical expertise, [Sample Veteran]'s bilateral knee degenerative joint disease (osteoarthritis) with associated chondromalacia is at least as likely as not (50 percent or greater probability) caused by or the result of military service.

Rationale:

- In-service repetitive high-impact activities (e.g., ruck marches with heavy loads, patrols, physical training) and documented knee strain events are established occupational risk factors for accelerated cartilage wear and early-onset osteoarthritis in service members.
- Continuity of knee symptomatology is evident from STRs through post-service records, with no significant intervening trauma or unrelated cause identified.
- Current imaging and degenerative findings align with the progression of repetitive microtrauma from military duties (heavy lifting, squatting, knee bending, load-bearing stress), supported by research showing higher knee OA incidence in military populations, elevated risk post-knee injury/trauma during service, and increased lower limb OA in physically demanding occupations.
- No alternative etiology adequately accounts for the bilateral presentation and timeline.

This opinion is rendered within a reasonable degree of medical certainty and probability, based solely on the evidence reviewed.

Should additional clarification be required, please contact me at the above information.

Sincerely,

David Protaziuk, MSN, APRN, FNP-C NPI #1275200149.

Sample Medical Opinion – Fictional Example | Veteran Medical Opinions

Scholarly Sources Cited (Parenthetical References)

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- Schram B, Orr R, Pope R, Canetti E, Knapik J. Risk factors for development of lower limb osteoarthritis in physically demanding occupations: A narrative umbrella review. *J Occup Health.* 2020;62(1):e12103. doi:10.1002/1348-9585.12103.

- Showery JE, Kusnezov NA, Dunn JC, Bader JO, Belmont PJ Jr, Waterman BR. The rising incidence of degenerative and posttraumatic osteoarthritis of the knee in the United States military. *J Arthroplasty*. 2016;31(10):2108-2114. doi:10.1016/j.arth.2016.03.026.